

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1112

OPERATING WITHOUT A  
BUSINESS LICENSE

# HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: LAZARO SALAZAR DEALER FOR SNAP ON TOOLS ZIP 33325  
BUSINESS STREET ADDRESS: 14521 SW 21 STREET ZIP \_\_\_\_\_  
BUSINESS MAILING ADDRESS: SAME AS ABOVE  
BUSINESS PHONE: 954-663-4333  
DESCRIBE TYPE OF BUSINESS: FRANCHISE - SALE ROUTE 1  
BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ FRANCHISE

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>LAZARO A. SALAZAR</u>	<u>14521 SW 21 STREET</u>	<u>DAVIE 33325</u>	<u>954/452-5366</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 03, and must be renewed before October 1st.

**This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.**

LAZARO A. SALAZAR  
Print Owner or Officers Name and Title  
Signature of Owner or Officer

Office Use Only: Date <u>11/7/02</u>		Category <u>07300</u>	Fee Exempt per Sec. 13-13 _____	Fee <u>\$110.25</u>	Rec# _____	New <input checked="" type="checkbox"/> Trans _____
License # <u>03-17662</u>	Control # <u>14556</u>	Zoning <u>R-1</u>		Date <u>(Oak Hill)</u>		
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning Approval <u>[Signature]</u>		Denied _____			
Town Council Date <u>12/4/02</u>	Approved _____		Denied _____			
Tabled To <u>12/18/02</u>	Approved _____		Denied _____			
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____						
OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION						